

# **EXHIBIT A**

## **Proof of Remittance**

Modelo SC 745  
31-Jan-01

ESTADO LIBRE ASOCIADO DE PUERTO RICO  
DEPARTAMENTO DE HACIENDA

Núm. Recibo \_\_\_\_\_ al \_\_\_\_\_

Agencia

COMPROBANTE DE REMESA

Original - ACC  
1<sup>ra</sup> Copia - Funcionario  
2<sup>da</sup> Copia - Agencia  
PRIFAS

Día	TOTAL COBRADO (DIARIO)		TOTAL DEPOSITADO (DIARIO)	
	FECHA	IMPORTE	FECHA	IMPORTE
LUN				
MAR				
MIER				
JUE				
VIEN				
SAB				
DOM				
TOTAL		0.00	TOTAL	0.00

MAY 11 2015

URGENTE

Identificación del Documento													
CT	Agencia	Número de Documento	Fecha de Contabilidad	Código de Banco	Cuenta de Banco	Fecha de Acreditación	Tipo de Depósito	Fecha de Notificación	Fecha de Requisición de Fondos	Número de Aviso de Crédito	Importe Total		
CR	025	142915025684		GDB	01	05/08/2015	R	05/08/2015	05/08/2015	05082015000088	27,222,409.18		
LN	Cuenta	Fondo	Organización	Prog.	Asig.	Año Pres.	Aportación Federal	SE	Importe	Descripción			
01	R4220	111	0250000			2015		62	17,362,112.59	FONDO GENERAL			
02	R4220	278	1660000		780	2015		62	9,860,296.59	46% PROMOCIONES DE RON			
										ARBITRIOS RON ABRIL 2015			
APROBACION NIVEL I													
IMPORTE TOTAL									27,222,409.18				
Para uso de las Agencias que no tienen Recaudador Oficial						Para uso del Recaudador Oficial u Oficial Pagador Especial o Secretario del Tribunal				Para uso del Departamento de Hacienda			
Certifico que los valores que se acompañan son los que realmente se recibieron en esta Agencia, que los mismos deben acreditarse a las asignaciones y fondos indicados y que toda la demás información es correcta.						Certifico que los importes arriba detallados son los que realmente recaudé y deposité en la semana del _____ al _____ de _____ de _____; que los mismos deben acreditarse a las asignaciones y fondos indicados y que toda la información es correcta.				Aprobado por:			
										Nombre y Firma			
										Título			
Fecha _____ Nombre y Firma Jefe Agencia o Su Rep. Aut. _____ Teléfono _____						Fecha _____ Nombre y Firma Recaudador Oficial u OPE o Secretario del Tribunal _____ Teléfono _____				Fecha _____ Teléfono _____			

En caso de Liquidación de Anticipo de Viajes, deberá enviar una copia al Negociado de Intervenciones.  
Conservación: Seis años o una intervención del Contralor, lo que ocurra primero.

RECIBIDO  
DEPTO. DE HACIENDA  
AREA DEL TESORO  
MAY 11 2015  
DIVISION CONTABILIDAD  
DE INGRESOS

PRIFA\_STAY0001572

CONFIDENTIAL

# CERTIFIED TRANSLATION

Model SC 745  
31-Jan-01

Original -ACC  
1<sup>st</sup> Copy - Official  
2<sup>nd</sup> Copy - Agency  
PR FAS

COMMONWEALTH OF PUERTO RICO  
DEPARTAMENT OF THE TREASURY

Receipt No. \_\_\_\_\_ to \_\_\_\_\_

Agency

PROOF OF REMITTANCE

MAY 11 2015 URGENT

Day	TOTAL COLLECTED (DAILY)		TOTAL DEPOSITED (DAILY)	
	DATE	AMOUNT	DATE	AMOUNT
MON				
TUE				
WED				
THUR				
FRI				
SAT				
SUN				
TOTAL		0.00	TOTAL	0.00

Identification of the Document													
CT	Agen	Document Number		Accounting Date	Bank Code	Bank Account		Credited Date	Type of Deposit	Date of Notification	Date of Requisition of Funds	Credit Notice Number	Total Amount
CR	025	142915025684			GDB	01		05/08/2015	R	05/08/2015	05/08/2015	05082015000088	27,222,409.18
LN	Account	Fund	Organization	Prog.	Alloc.	Pres. Year	Federal Contribution	SE	Amount	Description			
01	R4220	111	0250000			2015		62	17,362,112.59	GENERAL FUND			
02	R4220	278	1660000		780	2015		62	9,860,296.59	46% RUM PROMOTIONS			
										EXCISE TAX ON RUM APRIL 2015			
						APPROVAL LEVEL I				RECEIVED			
										DEPT. OF THE TREASURY			
										AREA OF THE TREASURY			
										MAY 11 2015			
										REVENUE			
										ACCOUNTING DIVISION			
TOTAL AMOUNT									27,222,409.18				

For use by Agencies that do not have an Official Collector	For use by the Official Collector or Special Paying Officer or Clerk of the Court	For use of the Department of the Treasury
I certify that the values listed are those actually received by this Agency, that they should be credited to the indicated allocations and funds and that all other information is correct.	I certify that the amounts listed above are those actually collected and deposited in the week of the _____ to _____ of _____; that they are to be credited to the allocations and funds indicated and that all information is correct.	Approved by:
_____	[illegible signature] VILMA OCASIO NIEVES	_____
Date	Name and Signature Official Collector or OPE or Court Clerk	Name and Signature
_____	_____	_____
Name and Signature Head of Agency or Auth. Rep.	_____	Title
_____	_____	_____
Telephone	_____	Date
_____	_____	Telephone
_____	_____	_____

In the case of Advance Travel Payments, a copy must be sent to the Auditing Department.

Archival: Six years or an audit by the Comptroller, whichever comes first.

Certified to be a correct and true translation from the source text in Spanish to the target language English.

15/MAY/2020 - Andreea I. Boscor ATA-certified Spanish-English #525556

By Targem Translations Inc.

PRIFA\_STAY0001572

CONFIDENTIAL



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E projects@targemtranslations.com  
A 185 Clymer St. Brooklyn, NY 11211

### TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)  
TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: PRIFA\_STAY0001572

Signed this 15<sup>th</sup> day of May 2020

A handwritten signature in black ink, appearing to read 'Andreea I. Boscor', is written over a horizontal line.

Andreea I. Boscor



Verify at [www.atanet.org/verify](http://www.atanet.org/verify)

